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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/426,123 11/13/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*done 1/8*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> 5/11/06 Examiner's Signature Initials <i>[Initials]</i>	STATE OR COUNTRY WA	SHEETS DRAWING 3	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 4
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## ADDRESS

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## TITLE

External defibrillator and methods for operating the external defibrillator

FILING FEE  RECEIVED 1418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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